## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

## PLEASE PRINT

| I. Name of Lobbyist(s)  |                         |  | Griffin Finar                          | iffin Finan   |  |  |
|---|-------------------------|--|--|---|--|--|
| II. Name of iobbyist's partnership, firm or corporation, if any:  |                         |  |  |   |  |  |
|   | (Name of partnersh      | ip, firm or c  | orporation)                            |   |  |  |
| 125 Summer S  | treet Suite 510 B       | oston MA   | 02110                                  |   |  |  |
| Business Address:   |                         |  | (Town/City)                            | (State)   | (Zip Code)   |  |
| (301) 980-2133  |                         | (  | )                                      | e-mail gfi  | nan@draftkings.com                                       |  |
| (Telephone) (Fax)   |                         |  |  |   |  |  |
| III. This statement covers: (Choose one – file separate reports for each citent, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). |                         |  |  |   |  |  |
| All reportable  | e transactions occu     | urring in th   | e months prior to                      | the reporting date relati                           | ve to the following client:                              |  |
|   | DraftKings              | s Inc  |  |   |  |  |
| (Full Name of Client as it appears on the Lobbyist Registration Form)   |                         |  |  |   |  |  |
| OR All reportable unrelated to any  |                         | e lobbyist   | (including the lob                     | byist's family), or the k                           | obbying firm listed below which are                      |  |
| IV. Date of Rep   |                         | April 26, 2017   tivity from date of registration to 3/31/17 |  | July 26, 2017 activity from 4/1/17 to 6/30/17       |  |  |
|   | October 2 activity from | 5, 2017 🗆<br>7/1/17 to 9/3                                   |  | January 31, 20<br>activity from 10/1/17             |  |  |
| V. There have<br>If this box is chec<br>Concord, NH 03.   | cked, complete just     | ceived an<br>t this form                                     | d no reportable<br>and submit it to th | e transactions made s<br>the Secretary of State's C | since the last report.   Solution State House, Room 204, |  |
| VI. Check if add  | ditional reports a      | re attache   | d:                                     |   |  |  |
| if you have received fees or made expenditures, you must file Addendum A-Fees and Expenses  |                         |  |  |   |  |  |
| ☐ 1f you have paid an honorarium or reimbursed expenses, you must file <b>Addendum B</b> —Report of Honorariums or Expense Reimbursement  |                         |  |  |   |  |  |
| ☐ 1f you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions   |                         |  |  |   |  |  |
| I have read RSA   | the best of my kne      | SA 14-C ai   | nd RSA 664 and h                       |   | hat the foregoing information is true  - 2 / 18  (Date)  |  |
|   |                         |  |  |   | RECEIVED   |  |
| (Print Name of lobbyist)  |                         |  |  |   |  |  |

JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE